Include us in education!

A qualitative research study on barriers and enablers to education for children with disabilities in Nepal

Executive summary
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Special thanks go to the parents, caregivers and children that participated in this study, as well as the key informants and the National Disabled Youth Network in particular. Special thanks go to Mr. Baikuntha Acharya, from the Department of Education in Nepal, for his support during this study.

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Photographs and case studies have been obtained with informed consent and permission to use in this publication

Ethical approval for this study was received from the London School of Hygiene and Tropical Medicine and the Nepal Health Research Council in August 2014. The research adhered to Plan's child protection policy and guidelines. Additional support and counselling for families was available from Plan for families, as required.

Cover photo: Plan-sponsored girl smiling outside her family home, Nepal © Shubha Kayastha
Disability is an umbrella term for impairments, activity limitations and participation restrictions and may refer to challenges encountered in any or all of these three areas of functioning.

“I feel like a donkey because I am just staying at home doing nothing all day.”

Girl, 17 years, who had to drop out of her school for the hearing impaired

“She goes to a nearby primary school, but she doesn’t understand anything. She sits there all day and returns.”

Father describing the experience of his daughter, who has a hearing and mild visual impairment, at a mainstream school

“Someone shouts at me and calls me ‘cross-eyed’ and pulls my hair.” How many times has he said this to you? “Many times, 20 times.”

Girl with a physical and intellectual impairment talking about bullying
Introduction

Education has long been recognised as bringing a wide range of benefits and opportunities to individuals, their families and societies as a whole. While education is considered a right guaranteed to all children, children with disabilities face particular vulnerability to exclusion, and thus their participation in education often lags far behind that of peers.\(^1\) Denying children with disabilities the ability to exercise this fundamental human right not only propagates their continued marginalisation in society, but also may limit the potential economic, social and human development that can only be achieved with universal access to education.

While it is widely acknowledged that children with disabilities face exclusion in accessing and receiving a quality education, more research is needed to better understand why this disparity exists. Identifying barriers – and enablers – to accessing a quality education is key for addressing these inequalities and ensuring that children with disabilities are able to exercise their right to inclusion.

A previous analysis of Plan International’s 2012 sponsorship data\(^2\) found that across 30 countries, children with disabilities were on average 10 times less likely to be going to school than children without disabilities. When children with disabilities did attend school, their level of schooling

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was below that of their peers. They were also more likely to have reported a serious illness in the last 12 months.

This report presents the findings of a follow up second phase to the research; qualitative research conducted to better understand why these disparities exist, and to identify barriers and enablers to accessing education with a focus on the perspective of the child and caregiver. As one of the countries in the original quantitative analysis, Nepal was selected as the setting for this study.

For this qualitative second phase study, in-depth interviews were conducted with 21 families across three districts in Nepal (20 caregivers and 13 children). The children were all on Plan’s sponsorship database and had a range of reported disabilities with an age range of 6-16 years. For contextual background, 19 key informant interviews were conducted and visits to two special schools and one integrated school.

This executive summary and the full report are available at plan-international.org/nepaldisability2014

The first phase of the research is available at plan-international.org/disabilityreport
A caregiver is anyone in the household who is involved in the raising and/or daily care of a child. For this report, caregivers are mostly parents, although in some cases uncles, aunts, adult siblings or grandparents served as caregivers.
Main findings

The reasons children with disabilities are not attending, progressing through or completing school are complex, often involving a mixture of individual, family, school and community level factors. These are shaped by wider social attitudes that reinforce the exclusion of people with disabilities.

Barriers to enrolling, staying in and regularly attending school

Twelve of the 21 children were currently attending school. Eight children had dropped out, and one child had never enrolled in school.

Barriers included:

- **Caregiver and teacher attitudes** particularly if the child had an intellectual impairment.

  Why doesn’t she go to school? “She doesn’t hear anything that’s why… She is dumb, what should I say! I don’t know if she would be able to learn.”

  Mother talking about why her daughter, who has a hearing impairment and has an intellectual impairment, has never been to school.

- **Transportation** to and from school was a challenge for children with physical impairments.

- **Economic factors**, including direct costs of schooling, the opportunity costs of caregivers’ time to take their children to and from school, and wanting children to stay at home to work.
Children often missed school, dropped out or never attended due to poor health or the need for ongoing treatment and rehabilitation that interfered with schooling.

Children with intellectual impairments who had behaviour problems were often asked by teachers to leave the schools. Teachers reported being overwhelmed and felt the behaviour was distracting to other students.

The research highlighted the negative psychosocial impact of dropping out of school; at home all day there are more limited opportunities to be with peers, which further compounds their social exclusion. There were worryingly two reported suicide attempts by young girls who had recently dropped out of school.

Even when children with disabilities were enrolled in school, many faced difficulties that impacted upon their quality of education and general well-being while at school.

Poor physical accessibility within schools could hamper the independence of children with physical impairments, particularly if they lacked assistive devices.

Many children repeated grades or, more frequently, were upgraded without passing, putting into question whether these children were receiving a quality education despite being physically present at school.

Barriers to receiving a quality education included the lack of specialist resources, adapted curriculum and teacher training, particularly in mainstream schools, made it difficult for many children to learn.
Violence, bullying and discrimination, by peers and teachers alike, was a pervasive experience in schools, as well as in community and home life.

“Usually her friends tease her for being mad and they get into fights for which teachers would hit Menkhu… Menkhu gets more of the beating compared to other children. That’s why she doesn’t like to go to school…”

Mother talking about her daughter, who has an intellectual impairment

Sexual violence perpetrated against children with disabilities also emerged as an issue and requires further research.

Both this qualitative research and the original quantitative analysis indicated that children who have communication impairments, such as a hearing or some types of intellectual impairments, are particularly vulnerable to exclusion. These children often have trouble advocating for themselves – at both school and at home – and may have trouble learning without adaptations to curriculum, mode of instruction or teaching materials.

While a few of the children in our sample had been to a special or integrated school, most caregivers expressed reservations about sending their child to this type of school. Safety, particularly for girls, was a major concern in sending children away for schooling. When children did attend these types of schools, the lack of integration with both peers without disabilities and their families and communities, was felt to perpetuate segregation.
Enabling factors that helped in accessing and succeeding in school

Even in sometimes extremely challenging circumstances, the majority of children wanted the opportunity to learn, to attend school and to be included with their peers. Factors that helped the children with disabilities included:

- **Children’s attitudes** towards school and **resilience** in the face of obstacles.

- **Caregivers** who invested in their child’s education, doing the best they could in often difficult circumstances.

- **Supportive teachers and peers** who encouraged children and provided support when they could.

  “She is happy with her teachers. They like Amita. If she is absent even a day at school, the teachers ask why she didn’t come to school. People like her at school. She is quick in learning and reciting poems.”

  Aunt talking about her niece, who has a physical impairment and an intellectual disability

- **Plan** and other NGOs played valuable roles in helping children with disabilities access education, such as by providing school supplies, information about different schooling options and other direct and indirect support.
Photo:
Plan-sponsored boy sitting in his wheelchair outside his family’s home
© Shubha Kayastha

Photo:
Plan-sponsored girl with pen and paper on her front porch surrounded by friends and family
© Shubha Kayastha
The way forward: recommendations

The recommendations outlined below are the product of consultation with Plan staff and the Plan Disability Working Group. They build on both the first phase of the analysis of the child sponsorship data, as well as the in-depth qualitative work presented here from Nepal. Political will at all levels and concrete action are required.

Recommendations for Plan

■ For Plan staff to maximise the utilisation of the child sponsorship data in order to help identify issues that require further investigation and research about the lives of children with disabilities.

■ For disability to be mainstreamed into all programmes. For example, to include disability indicators into monitoring and evaluation frameworks for any new programmes.

■ Increase training for staff who collect sponsorship data in order to improve the quality of the data and thus improve its utility.

■ Enhance the competencies of staff on issues of disability and how to engage with children with different types of impairments.

Recommendations for community and national level action and advocacy

■ Conduct awareness-raising at the family and community level about the rights to and benefits of education for children with disabilities in order to address many of the attitudinal barriers which exist.
Increase the capacity of all schools to provide inclusive, quality education so that children with disabilities can learn in the communities in which they live. Specific areas for improvement include facilities, resources and teacher training, as well as measures for addressing bullying and discrimination, in order to support full participation of children in and out of the classroom.

Combat stigma, abuse and violence perpetrated against children with disabilities. Furthermore develop and test interventions to reduce violence.

Improve access to health and rehabilitative services, including provision of assistive devices, to increase overall well-being and independence of children with disabilities. Their health needs must be addressed in order to achieve improved educational outcomes.

Recommendations for research

Ensure that all research includes appropriate methods for involving children with disabilities, including those with communication challenges. An increase in budget and time for working with these children must be planned for.

Explore further the issue of violence against children with disabilities, including sexual violence.

Conduct more research on the specific needs of children with intellectual impairments and their families, in order to identify the most suitable responses.

Conduct longitudinal research with children with disabilities in order to improve our understanding of the longer term outcomes for this vulnerable group, and thereby identify areas for improved disability-inclusive programming.
Case study: Impact of dropping out

Aisha* is 12 years old and lives with her parents. She is the youngest of five children. She has a physical impairment, and has difficulties with mobility and balance, which means that she cannot walk long distances and falls down frequently. Her condition is getting worse. Her family have sought a considerable amount of medical treatment for her, although there still appears to be no clear diagnosis of her condition.

Aisha went to primary school regularly and did well. She liked going to school. However because of the longer distance to the secondary school she has stopped attending. Her father has tried to take her to school on his bicycle, but she falls off due to poor balance.

In the last couple of weeks Aisha has reportedly tried to commit suicide by drinking pesticides. Her mother explains how her daughter is sad about her condition, and “she says herself that she can’t go to school and she can’t do any work, so she got frustrated”.

Aisha says that she really wants to continue with school, and hoped to become a teacher “I liked everything about that school… I feel sad that I can’t go to school.”

In the last couple of weeks she has started to go to some extra informal education classes provided by Plan for a couple of hours a day. She does enjoy these, but still wants to go to secondary school with her friends.

The family are hoping for treatment to alleviate her condition and that a wheelchair might help her get to school.

(Perspectives from parents and child)

*Name has been changed in order to maintain confidentiality.
“Plan International has made ambitious commitments to the principle of inclusion and non-discrimination, notably in its Child Centred Community Development (CCCD) approach and its Global Strategy 2011-2015. Research such as this plays a pivotal role in ensuring that future programmes are developed using a strong evidence base that articulates the complex challenges faced by children with disabilities and the opportunities that exist to address them.”

Aidan Leavy, Inclusion Specialist, Plan International